

**Interim Designation of Agent to Receive Notification
of Claimed Infringement**

Full Legal Name of Service Provider: Duke University

Alternative Name(s) of Service Provider (including all names under which the service provider is doing business): Duke University Health System

Address of Service Provider: Durham, North Carolina

Name of Agent Designated to Receive Notification of Claimed Infringement: Charles M. Register

Full Address of Designated Agent to which Notification Should be Sent (a P.O. Box or similar designation is not acceptable except where it is the only address that can be used in the geographic location):

University IT Security Officer

Suite 253 North Building, Box 90132

Duke University, Durham, NC 27708-0132

Telephone Number of Designated Agent: 919-660-7003

Facsimile Number of Designated Agent: 919-660-7076

Email Address of Designated Agent: DMCA-Agent@duke.edu

Signature of Officer or Representative of the Designating Service Provider:

Date: May 3, 1999

Typed or Printed Name and Title: Betty Leydon
Vice Provost for Information Technology
and Chief Information Officer

**Note: This Interim Designation Must be Accompanied by a \$20 Filing Fee
Made Payable to the Register of Copyrights.**

RECEIVED

MAY 21 1999

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